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CANCER OF THE BLADDER.

[Communicated for the Boston Medical and Surgical Journal.]

THE following history of the case, furnished by Dr. MILLER, of the Navy, who had charge of it, was read before the Boston Society for Medical Improvement, Jan. 14th, by Dr. ELLIS. The specimen was shown at the preceding meeting.

In 1854, Patrick Dee, a carpenter in the U. S. Navy, received a blow, accidentally, from the end of an oar, just above the right pubes, and half an hour afterwards he passed a considerable quantity of blood from the bladder. He suffered but little inconvenience from the injury at the time, and it seems to have been forgotten until the latter part of 1858.* On the 5th of December of that year, he came under medical treatment, at the Navy Yard, Charlestown, for hæmaturia, accompanied with spongy gums, foetid breath, emaciation, debility, and other indications of struma. The blood was ejected in coagula, and with difficulty. He complained of tenderness in the right hypochondriac region. On the first of January, 1859, a thorough exploration of the bladder was made, for calculus, and nothing found. About a month later the urine was tested, and "found to contain pus and blood." A few days later, a similar examination "disclosed the presence of blood, pus-globules and epithelium." The catheter and sound were met by an obstruction in the neighborhood of the prostate gland; and this was thought to be the seat of the disease.†

On the 15th of February, the record states, "a clot of blood, as large as the yolk of an egg, passed from the urethra." In the latter part of February, and during March, Lallemand's *porte-caus-*

* Since writing this, I learn from Mr. Dee's widow, that he had a discharge of blood from the bladder in July, 1855, one year after the receipt of the injury; it came on after unusual exertion and fatigue. She also says, that he had similar discharges from that time every few weeks, until he came under regular medical treatment in December, 1858.

† The catheter was frequently used, at this time, to draw off the urine, which was sometimes retained for twenty-four hours, and at first there was great difficulty experienced in introducing it; which seems, more than any other fact, to have strengthened the opinion that there was a mechanical obstruction in the urethra.

tique was used, and caused great suffering, and, subsequently, an increased flow of pus. At this time the urine was retained for several hours, and its flow caused intense pain. Blood continued to pass irregularly; sometimes being absent in the discharges for several days, and then suddenly returning, a part of it coagulated and the rest mixed with pus and urine. The disease was very obscure, and caused much conjecture and difference of opinion. About this time, a large quantity of pus was discharged suddenly, occasioning the belief that an abscess had opened in or about the prostate gland; and for some time subsequently, rigors and night sweats occurred irregularly, with the discharge of large quantities of blood and pus. The discharges were very offensive. The catheter was frequently introduced to relieve the great pain and difficulty in passing urine. The treatment thus far had consisted of cups, leeches, fomentations, tonics, both mineral and vegetable, buchu, uva ursi, trillium, carbonate and chlorate of potass, narcotics, creasote, gallic acid, alcoholic drinks, generous diet so far as his appetite would allow, iodine, and, what gave him more local relief than anything else—ice-cold hip baths.

During the month of May, 1859, a great improvement in all the symptoms commenced. The cachexia gradually disappeared; the flesh and strength increased; the hue of the skin became natural, and there were intervals of ease in the urinary functions. Still, throughout the summer, the hæmaturia returned, irregularly, about every *two weeks*, and was always preceded by a pain extending up into the right hypogastrium, which ceased with the flow of blood. This hæmorrhage appeared partly as coagula, and partly fluid, and mixed with pus, and a disintegration resembling saw dust, more or less colored, and quite heavy, always subsiding, and allowing the urine to wash freely over it. Occasionally shreds of membrane also appeared. The most painful strangury generally accompanied the discharge of these excretions, and the patient was obliged, invariably, to squat down upon the floor, with a small vessel under him—usually a cup or saucer. This was the only position in which he could produce a discharge of any kind from the bladder. At night, he was obliged to rise from his bed and assume this posture. The necessity for frequent and instant micturition also increased, and the suffering was always much greater at night, and in bed. This was partly because the upright position was, as a rule, less painful than the horizontal; but mainly, because the heat and irritability of the affected parts always increased at night. A sense of burning in the hands and soles of the feet, was also a frequent source of suffering at night. It was not unusual for him to rise several times during the night, and sit for some time in a tub of ice-cold water, to reduce the heat of the tissues underlying the bladder, and induce a flow of its contents. At these times, his groans and exclamations were frequently heard in the adjoining houses; and he would sometimes quit the bath

tub, after ineffectual attempts to empty the bladder, and roll upon the floor in a frenzy of impatience from his suffering.

In August, 1859, after some days of unusual suffering, he was suddenly relieved, and remained for two or three months comparatively free from pain, but with unmistakable evidence of the steady advance of the local disease. In December, his sufferings increased again, and about the 9th of February, 1860, a swelling, of stony hardness, and very sensitive, made its appearance in the track of the right cord, just above the pubes, and attained the size of an inch or more in diameter. Little or no lancinating or other pain attended it, but the discharges from the bladder became, at this time, more diversified and ill-conditioned, and his sufferings, if possible, greater than ever. On the 13th of February, Dr. Morland visited him in consultation; and the discharges from the bladder being submitted to the microscope, by Dr. Ellis, the record states that there were found very large cells, of various shapes, containing large nuclei, with large nucleoli. They could not be distinguished from those belonging to the most malignant growths. The enlargement of the cord was freely leeches, with marked advantage. It began to subside, but remained quite as *hard* in its reduced state. It finally disappeared entirely. In April and May, he had severe, very copious and prostrating hæmorrhages from the bladder; the blood flowing of a bright color, but becoming very dark after standing for some hours, mixed with the other discharges. At one time, it was thought to amount to a quart in twenty-four hours. At first, creasote and the acetate of lead, freely used, seemed to check these hæmorrhages, but afterwards produced little or no effect, except to constipate.

On the 18th of May last, Mr. Dee was visited by Dr. J. Mason Warren and Dr. Morland, in consultation, and a partial exploration of the bladder was made by the former gentleman. On the 26th of May, the examination was repeated, the patient being under the influence of ether. The record states that "the bladder was found to be in an ulcerated, thickened condition; sacculated and of small capacity." "No disease of prostate or rectum."* Sulphuric acid and creasote were ordered and exhibited; but the former produced so much disturbance of the bowels, that it was discontinued. In June, he had another hæmorrhage, lasting forty-eight hours; and a few days later, he was seized with diarrhoea and vomiting, which continued for several days, and brought him to death's door. From this time he declined steadily. Œdema of the face and feet made its appearance. By August, the discharges of blood and pus became very much lessened, and the urine, the greater part of the time, was quite limpid and colorless. Still he was not free from strangury; and the desire to pass urine was constant and tormenting.

* A microscopic examination of some diseased shreds obtained by this exploration, was made by Dr. Ellis, who found cells similar to those noticed in the urine, in February.

On the 8th of September last, he was detached from the Navy Yard, and, from that time, resided in Charlestown. Soon after this removal he had a hæmorrhage, which consisted in part of *cones* of coagulated blood, with sloped bases, about the size of a filbert, but varying in size, though perfectly and singularly uniform in shape. They were covered with a film, or pellicle of fibrine, and were probably casts of some particular cavity of the diseased surface, into which a blood-vessel had opened. These coagula were discharged in considerable quantity, for about a week, when they suddenly ceased to make their appearance, and the urine became limpid again. After this he had but little hæmorrhage, and his acute sufferings declined with his strength. He began, for the first time, to discharge the contents of his bladder in bed, in the horizontal posture. The discharge of pus almost ceased until three or four days before his death; when, after a retention of five or six hours, of all discharges, a quantity of pus flowed off as he sat in a tub of hot water. This pus was discharged from this time until his death, which took place on the 27th of December.

As regards the treatment of this case, it would be difficult to say what medicines and appliances, at all applicable to it, were *not* used; and it may be stated, in a general way, that the whole list of alteratives, astringents, tonics, narcotics, sedatives, antispasmodics, diuretics, refrigerants, rubefacients, baths, fomentations and injections, was exhausted upon the suffering patient.

The following account of the *post-mortem* appearances is furnished by Dr. ELLIS:—

Body considerably emaciated. Integument of a light-yellow color throughout. About a pint of serum in each pleural cavity. Great œdema of the lungs. Some caseous and cretaceous matter at the apices of the lungs. Heart flaccid and pale; no valvular disease.

Stomach healthy, with the exception of some cadaveric softening of the large extremity. At least a quart of turbid, grayish serum in the peritoneal cavity. Spleen lobulated; texture normal. Liver healthy. Right kidney nearly twice the size of the left; many small irregular portions of its substance were of a yellow color, evidently owing to inflammation, although no well-marked abscesses were seen. The appearances were those usually seen in nephritis. Left kidney small and pale. Ureters much dilated and tortuous. The posterior and superior portions of the walls of the bladder were thickened and mostly converted into a soft, whitish tissue, the inner surface of which had an irregular, broken appearance. This contained much whitish fluid, and, on microscopic examination, was found to contain cells similar to those previously found in the urine and the small fragment removed by the catheter. Urethra and prostate healthy.

THE EPIDEMIC OF SMALLPOX IN 1859-60.*

[Extracted from a Report read before the Boston Sanitary Association, by ROBERT WARE, M.D., and communicated for the Boston Medical and Surgical Journal.]

THE tables of mortality† for this city show that from 1811 to 1839, a period of twenty-eight years, only fifty-two deaths were caused by smallpox; while in the twenty-two years from 1839 to 1861, smallpox has caused fourteen hundred and ninety-one deaths, and has been epidemic at least four times. The population increased from thirty-four thousand in 1811, to eighty thousand in 1839, and to one hundred and eighty thousand in 1861.

The State law requiring the removal of persons affected with the disease to a separate hospital, was repealed in 1838, so that the increase of mortality from this cause is coincident with the repeal.

The last epidemic began in January, 1859, and the first case appeared in Bridge Street Court. On January 2, 1859, Dr. W. E. Townsend was called to attend a man at No. 2 Bridge Street Court. This man, who had never been vaccinated, had that day arrived from New York, and Dr. Townsend found the eruption of smallpox just appearing. This case was at once reported to the police, and, so far as the committee have been able to ascertain, was the first case which occurred.

On January 14, a case of modified smallpox was seen by the Dispensary physician, in Hamilton Street, Fort Hill. The patient was a resident, and knew of no exposure to the disease. No other cases resulted from this one; it has not been possible to ascertain whether the patient was at any time in the vicinity of Bridge Street. It has been mentioned to show that there were, perhaps, other distinct centres of contagion than the one in Bridge Street.

The case in Bridge Street was at once followed by others. In the same house a child died in convulsions as some eruptive disease was appearing. January 24, Dr. H. K. Oliver was called to a case of smallpox, at No. 10 Bridge Street Court, and on January 25, to one at 24 Bridge Street.

This locality is occupied by Irish families, of whom several live in each house. The house first mentioned was occupied by such families, and its lower story was used as a small grocery store.

On February 7 a child died of the disease at No. 4 Bridge Street Court, and on March 7, a death occurred in Grove Street. This was followed in April by three more in that vicinity. In May,

* This account of the recent epidemic of smallpox in Boston forms part of a report upon smallpox and vaccination prepared, at the request of the Sanitary Association, by Dr. J. C. White and myself. The labor of getting the materials for this account was fully shared by Dr. White, and I have merely compiled the results.

I would take this opportunity, in behalf of the Committee of the Association, of thanking those gentlemen who so kindly sent in the desired returns, and of acknowledging the courtesy of Mr. Apollonio, the City Registrar, in assisting our examination of his records. R. W.

† Shattuck's Census of Boston. Appendix.

The Epidemic of Smallpox.

deaths were reported from the North End, from Wards Seven and Eight, and from South Boston.

The disease seemed to follow very much the course of the foreign population, moving from Bridge Street down towards the North End, and centering in Commercial, Hanover, and North streets.

The epidemic lasted till October, 1860, a period of about twenty-one months. In this time three hundred and eighteen deaths occurred from it. These were distributed through the different months as follows:—

Year.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
1859		1	2	5	10	14	15	12	20	16	23	38	156
1860	45	27	19	18	13	13	13	11	3	0	0	0	162

There was a pretty steady increase through the summer and autumn of 1859, and the stress of the epidemic fell upon the colder months, one hundred and thirty-four deaths having occurred in the four months of November, December, January, and February.

Locality.—The deaths were distributed throughout the city as follows:—

Ward.	Popula.*	Dths.	Ward.	Popula.	Dths.	Ward.	Popula.	Dths.
Ward 1.	10,017	97	Ward 6.	8,870	14	Ward 11.	19,393	8
" 2.	8,476	9	" 7.	5,301	19	" 12.	13,269	17
" 3.	9,609	30	" 8.	9,103	9	Deer Island.†		22
" 4.	17,055	6	" 9.	10,866	5	Rainsf. Isl'd.†		34
" 5.	9,920	7	" 10.	15,022	16	Smallpox hos.		14

The seventy deaths which occurred at the three public institutions should, most of them, be distributed among the wards, but no records were kept of the localities in the city from which patients were brought, except at Deer Island. Of the twenty-two deaths reported there, sixteen were of persons taken from shipboard; in four cases the locality was not known, and two had come from Ward Seven.

Wards One and Three were the most severely visited, more than one-third of the entire mortality having occurred within their limits; the largest number of deaths in any one street was in North Street and Square, where seventeen occurred; in Hanover Street there were fifteen; in Commercial Street there were eleven; in Prince street nine; in Nassau Street seven. The deaths, both in Hanover and North Streets, were in the houses at the lower parts of those streets. All the deaths in Hanover Street were at numbers above 300, and in North Street they were all at numbers above 144, which is at Richmond Street.

Three deaths was the largest number which occurred in any one house, and three were reported from 443 Hanover Street, and three from 144 North Street. In a large majority of instances the

* U. S. Census of 1850.

† Pauper Hospitals.

houses in which the disease prevailed were occupied by several families, and these families were chiefly Irish.

The tendency of the disease to centre in particular spots, is shown by the fact that in the circle enclosed by Charlestown, Blackstone, and Commercial streets, one hundred and eleven (111) deaths occurred. In the space included by lines drawn through Andover, Causeway and Leverett streets to the water, sixteen (16) deaths occurred.

Age and Sex.—The following table shows the distribution of these three hundred and eighteen deaths, by age and sex:—

AGES.	M.	F.	Not known.	Total.
Under 18 months - - - - -	36	26	6	68
18 months to 5 years - - - - -	36	26		62
5 years to 10 years - - - - -	11	10		21
10 years to 15 years - - - - -	3	0		3
15 years to 20 years - - - - -	10	5		15
20 years to 30 years - - - - -	67	26		93
30 years to 40 years - - - - -	24	3		27
40 years to 50 years - - - - -	13	5		18
Over 50 years - - - - -	6	5		11
Total - - - - -	206	96	6	318

Two hundred and six males to ninety-six females, or a little more than two to one. This preponderance of males appears even at an age so early that the amount of exposure in the two sexes must have been equal. The excess of male deaths in children below five years of age is wholly out of proportion to the excess of males living at that age. It is commonly supposed that the liability of the two sexes is about equal, and this difference is probably accidental. The large excess of male deaths between 20 and 40 years (91 to 29) is probably due in great part to the more exposed condition of men in their various occupations.

The mortality was most severe among infants and young children, one hundred and thirty (40.88 per ct.), being under the age of five years. This may be explained by the well-known fatality of the disease in early life, and by the fact that, among the foreign population especially, very many children remain unvaccinated until the age when vaccination is necessary to enable them to attend school. The most important point in this connection is the mortality of young adults; ninety-three (29.24 per ct.) were between twenty and thirty years of age. The cause of the mortality at this age may, perhaps, be found on examining the birth-places of those who died.

Birth-place.—The birth-place was ascertained in three hundred and three cases. (See table on next page.)

This table shows that one hundred and forty-two (142) of the whole number (303) were born in Boston. Of these, 117, nearly 85 (82.4) per ct. were below the age of five years, that is, below the age at which vaccination becomes necessary to secure an en-

trance to the public schools; 15 were between 5 and 10 years, and only 4 were between 20 and 40 years. Thirty-five were born in Maine, 22 of whom were between 20 and 30 years, 4 between 30 and 40 years, and 5 between 40 and 50, i. e. 31 were between 20 and 50 years. Thirty-four were born in Ireland, 4 of whom were between 15 and 20 years, 21 between 20 and 30, 6 between 30 and 40, and in all 28 between 20 and 50 years. Twenty-five were born in the British Provinces, of whom 4 were between 15 and 20 years, 14 between 20 and 30 years, and 5 between 30 and 40 years. Twenty-one were born in Massachusetts, out of Boston, of whom 5 were between 20 and 30 years, 3 between 30 and 50 years, and 6 were above 50 years. Fourteen were born in New Hampshire, of whom 6 were between 20 and 30 years of age, and 2 were between 30 and 40 years.

Birth-place.	Under 18 mos.	18 mos. to 5 yrs.	5 yrs. to 10 yr.	10 to 15 yrs.	15 to 20 yrs.	20 to 30 yrs.	30 to 40 yrs.	40 to 50 yrs.	Over 50 yrs.	Total.
Boston,	62	55	15	1	2	4	0	2	1	142
Maine,	0	2	0	0	1	22	4	5	1	35
Ireland,	0	0	1	1	4	21	6	1	0	34
British Provinces,	0	0	1	0	4	14	5	1	0	25
Massachusetts,	1	2	2	1	1	5	1	2	6	21
New Hampshire,	0	1	2	0	1	6	2	1	1	14
West Indies,	0	0	0	0	0	4	2	0	0	6
Virginia,	0	0	0	0	0	1	1	1	1	4
New York,	0	0	1	0	0	2	0	1	0	4
Vermont,	0	0	0	0	0	2	0	1	0	3
England,	0	1	0	0	0	1	1	0	0	3
Connecticut,	0	0	0	0	0	1	1	0	0	2
Pennsylvania,	0	0	0	0	1	1	0	0	0	2
Western Islands,	0	0	0	0	0	1	0	1	0	2
New Jersey,	0	0	0	0	0	1	0	0	0	1
Delaware,	0	0	0	0	1	0	0	0	0	1
Florida,	0	0	0	0	0	1	0	0	0	1
France,	0	0	0	0	0	0	1	0	0	1
Germany,	0	0	0	0	0	0	1	0	0	1
Liberia,	0	0	0	0	0	1	0	0	0	1
Total,	63	61	22	3	15	88	25	16	10	303

Of the eighty-eight deaths of persons between twenty and thirty years of age, whose birth-places are given, 4 were born in Boston, 22 in Maine, 21 in Ireland, 14 in the British Provinces, 5 in Massachusetts, 6 in New Hampshire, and the rest were variously distributed. Of 25 deaths between 30 and 40 years, 4 were born in Maine, 6 in Ireland, 5 in the British Provinces, 1 in Massachusetts, &c.

One hundred and thirty children under five years of age died; of these, one hundred and seventeen (117) were born in Boston. One hundred and twenty (120) adults between the ages of twenty and forty died; of these, 26 (21.6 per ct.) were born in Maine, 27 (22.5 per ct.) were born in Ireland, 19 (15.83 per ct.) were born in the British Provinces, 6 (5 per ct.) in Massachusetts, 8 (6.6 per ct.) in New Hampshire, and 6 (5 per ct.) in the West Indies, while

only 4 (3.4 per ct.) were of Boston birth. Of the 142 deaths which occurred among those born in Boston, there were only 10 of persons over 10 years of age.

It is well known that many of those who come to this city from Maine, New Hampshire, Ireland, the British Provinces, &c., are unprotected by vaccination, while we are justified in assuming that, with scarcely an exception, the adult population, born in Boston, has been vaccinated. The difference in the mortality among the adult population born in Boston, and of the adult population born elsewhere, is a strong proof of the efficacy of vaccination in protecting from death at the most active and exposed period of life.

Maine and Ireland furnish the largest number of deaths at the age in question; the Provinces come next on the list, and New Hampshire, Massachusetts, and the West Indies, follow.

It might be urged that, as the bulk of the young adult population, apart from those born in the city, is made up of natives of New England, the Provinces, and Ireland, it follows, of course, that most of the deaths at that age will be among them; but it is well known that there is a considerable German population at the same age, and yet only one death of a person born in Germany is recorded.

In view of the facts shown by the preceding tables, it is evident that the neglect of vaccination in some parts of New England, in Ireland, and in the British Provinces, is the cause of a considerable loss of life, and is a source of danger to any community in which natives of these places may be living.

The occupations of those who died were ascertained, in ninety-four instances; of these, 37 were sailors. The numbers are too small to allow of any definite conclusion being drawn from them, and merely show that the disease fell with especial severity upon that class.

Three hundred and eighteen deaths by smallpox, if we estimate the average mortality at one in six, indicate about nineteen hundred cases of the disease, in an unmodified form. In attempting to estimate the amount of sickness caused by the epidemic, it becomes necessary to learn the number of cases of modified smallpox also.

For this purpose a circular was issued to all the practitioners of medicine in the city, asking for returns of the number of cases of smallpox attended (dividing them into two classes, according as the disease occurred in persons wholly unprotected or in those supposed to be protected), and of the number of deaths under each head. Precise and reliable answers were received from about ninety gentlemen, and from these answers the following table is drawn up.

It will be seen that of 1,597 cases, 1,289 (80.71 per ct.) occurred among those previously protected, and that 308 (19.29 per ct.) were among the unprotected, but the mortality among the unpro-

tected was 23 per ct. (nearly one death in every four cases); while among the protected it was 1.63 per ct. (about one death in every sixty-one and a half cases). The ratio of the whole mortality (92) to the whole number of cases (1,597) is 5.76 per ct., or about one death in every seventeen and a half cases, including both the protected and the unprotected.

	Cases.	Deaths.	Ratio per ct. of deaths to cases.
Unprotected	308	71	23.
Protected	1289	21	1.63
Total	1597	92	5.76

The returns do not enter upon the question of re-vaccination.

The number of deaths in these returns (92) is rather less than one-third and more than one-quarter of the whole number of deaths (318); if therefore we multiply the numbers in the returns by three and a half, we shall get an approximate estimate of the actual amount of disease caused by the epidemic and represented by the three hundred and eighteen deaths.

[*Estimated.*]

	Cases.	Deaths.	Per ct. of deaths to cases.
Unprotected	1078	249	22.17
Protected	4511	73	1.61
Total	5589	322	5.76

This estimate gives a total of 5,589 cases, which is probably below the real number. The population of the city is about 180,000, and our estimate would show that one person out of every thirty-three was attacked by the disease, with greater or less severity, and that in this community a death from smallpox indicates about eighteen cases of the disease of various degrees of severity.

RATIONAL MEDICINE—LETTER FROM DR. VALERJ.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you herewith a few extracts from a letter received not long ago from Dr. VALERJ, of Rome. As Dr. Valerj has been recently elected an honorary member of the Mas-

sachusetts Medical Society, his opinions on the present state and prospects of the profession may not be uninteresting to some of your readers. Dr. Valerj's letters give evidence of the progress of Rational Medicine abroad, which several months' observation of the writer abundantly enables him to confirm; and he returns to find propositions, which, ten years ago it was considered heresy to affirm, now uttered as axioms by some who were then loudest in denunciations. "That the cause is growing" here and elsewhere, to use the words of a venerated friend in a private letter a few days ago, "we have sufficient evidence in Sir James Clarke's letter to Dr. James Jackson, Dr. Ward's oration on Rational Medicine before the Hunterian Society, and Dr. Gross's review of 'Nature in Disease,' in the *North American* (Phila.) *Medico-Chirurgical Review* for July, 1860; and other things that might be cited." In fact, it will not be surprising if, ere long, when the emotions which the poet, "soaring in the high reason of his fancy," has aroused, shall have sobered down to the common level, the profession be found not merely admitting, but openly avowing the *plain prose* of Dr. Moore, "that the difference between a good physician and a bad one, is certainly very great; but the difference between a good physician and no physician at all, in many cases, is very little"—so far as the administration of drugs merely is concerned.

But—I keep you from the extracts; here they are.

Yours very truly,

B. E. COTTING.

Roxbury, Feb. 20, 1861.

"Several weeks ago, I received a pamphlet entitled 'Brief Exposition of Rational Medicine,' &c. &c., by Jacob Bigelow, M.D., and supposing that it comes from you, I thank you very much. I have read it over and over again, and every time with more pleasure, because the opinions it puts forth are *quite in accordance* with my own views. The pamphlet contains a clear exposition of the present state of medical practice not only in America, but I would say in all Europe. You will doubtless be surprised to hear that Rome itself, which has the particularity in everything belonging to it, of never changing its principles, systems and forms, either in religion, laws or government, in medicine, unfortunately, sustains the same numerous, and often contradictory changes as those of other cities; and is favorable to any medical system, which is fashionable or in vogue. Strangers visiting the *Eternal city* are particularly apt to fall into the hands of medical practitioners, who are totally unrecognized; and although patients are frequently sacrificed by their *multifarious* prescriptions, their reputations remain intact, thanks to the change every year of its new visitors. Another reason is, that strangers remain satisfied, when any novelty is proposed to them, and when they are treated (or ill-treated) with *as many remedies* as the disease presents *symptoms*. I have frequently seen foreign patients accustomed to be over-dosed and drugged in every, though little, indisposition; so that I have had great difficulty at times to induce them to let nature have its course, and to be satisfied with diet and care only. Therefore you see, my dear doctor, that both physicians and patients, in our days, frequently ig-

nore the celebrated Professor Eloy's sentiment, clearly expressed in these words—'Il est bien des cas, où la medecine doit être plus expectante qu'àgissante; la finesse de l'Art consiste même souvent à ne rien faire, puisque c'est quelquefois un excellent remède que de n'en pratiquer aucun.'

"In truth, the duty of rational physicians consists in the knowledge and scrupulous attention of pathological processes, in order to respect them when they go on regularly, and to come in aid with medicines only when they happen not to do so. In fact, you well know, my dear doctor, that the divine Greek professor expressed in the following classical *aphorism* the only aim and action of a physician at a patient's bed:—'*Nature works the recovery. Physician, look only to its efforts if sufficient; if not, aid them when they are weak, lower them when too strong.*' With these few words Hippocrates planned at once the philosophical and scientific foundation of our art. Medicine grew up at once a science, and the author of the aphorism the greatest and most rational of physicians."

"Now to end with the pamphlet, I must tell you that I read also with great satisfaction the 'Paradise of Doctors.' The fable exactly unfolds the celebrated adagium—*Ridendo corrigere mores.*"

"Mrs. Fowler, M.D., of New York, came to Rome a short time since, and called upon me. I was much pleased with her acquaintance, and we visited together the great Hospital of Santo Spirito, &c. She knows midwifery well; and on that branch I dared to give her some advice in accordance with the principles of our Rational or Hippocratic medicine—reminding her that the most celebrated accoucheurs were those who spared the greatest part of the operations which the common practitioners had thought necessary to perform; parturition being a function so closely connected with the conservation of species, Nature has been very sedulous and perfect in it. Hence the surgical hand ought very rarely to interfere. In fact, we happen to see also in the most difficult cases of labor, that *natura sibi ipsa invenit vias, et inerudita existens quæ expediunt perficit, etiam ubi conatus nostri desiere.*"

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

DEC. 31st.—*Melanosis.* Dr. HODGES exhibited a small tumor, not larger than a filbert, removed from the lower and inner part of the thigh. The patient, a healthy German, 25 years old, had at this point what he called a common boil, which ran the usual course, and was about well, when, whilst exercising in a gymnasium, he irritated and bruised the tender cicatrix. There then sprouted forth this excrescence, which, of a florid aspect, bleeding readily, and resisting treatment of various sorts, was removed three months after its first appearance.

The tumor, which involved only the skin, was of a well-marked melanotic character, and under the microscope, was found by Dr. ELLIS to contain nuclei of no great size, but with comparatively large nucleoli. The appearances, although not such as belong to the most

malignant growths, were of very suspicious character. The specimen was exhibited on account of its history, which, in the age of the patient, the antecedents, and rapidity of the growth, presented peculiarities of considerable interest.

JAN. 28th.—*Aneurism of the Aorta just above the Diaphragm.* Dr. JACKSON showed the specimen, which he had received from Mr. J. E. Cobb, a student at the Chelsea Hospital. It was of a regularly rounded form, about seven inches in length, and three inches between the upper and lower orifices, which were very defined. For the most part, the inner surface presented the appearance of an artery in a state of chronic disease, but not ossified, the sac seeming to be formed by a dilatation of the vessel. The aorta, which had been preserved from just above its origin to the middle of the abdomen, was moderately diseased.

The patient was a man about 50 years of age, who had been treated in the Chelsea Hospital, and elsewhere, occasionally, for more than two years past, for a pain in the lumbar region, mostly on the left side, and which was generally supposed to be connected with the kidneys, though there were no other symptoms of affection of those organs. The weight of the patient in health would have been about 140 lbs., but he became much emaciated. Death was at last quite sudden, and owing to a rupture of the aneurismal sac, an effusion into the left pleural cavity of about six quarts of blood having been found on dissection. Mr. C. found the bodies of three of the vertebræ extensively absorbed, and the head of the ninth rib detached. The heart was smaller than natural.

JAN. 28th.—*Patent Foramen Ovale.* Dr. BOWDITCH reported the following case :—

The patient was a lady, 45 years old. In early girlhood, and till the age of 19, she was able to indulge freely in every sport, even of the most active kind, in all of which she was foremost. These exertions she bore without the least difficulty. At the age of 19, while dancing at a ball, she first noticed dyspnœa on motion. A few years subsequently she married, but never bore children. From the above-named period the dyspnœa had continued to increase, but only showed itself when going up stairs, or walking up a hill. She never had a severe paroxysm except once, while running, and after doing so, she thought, on one occasion, she should die, the breathlessness was so great. There were no accessions at night. Palpitation had never been noticed ; but a certain lividity of the lips was perceptible when the breathlessness was greatest. She had had occasionally a cough, but nothing for which she had ever consulted a physician.

Her digestive, menstrual and renal functions had been perfect. She had never had cedema of the feet. Dr. Bowditch saw her, in consultation with Dr. James Jackson, five years ago. At the first examination it was evident that breathlessness was easily excited, and with it the lividity of the lips, but these were specially excited by a trial of going up a flight of stairs. The pulse was perfectly normal, and the physical signs about the heart were those of *absolute health* ; and there was no hypertrophy. Neither Dr. Jackson nor Dr. Bowditch could discern any positive evidence of organic disease, and the affection was regarded by both as functional, although differing from most cases of simple functional derangement.

Digitalis, &c., were tried for a short time, but soon all treatment

was given up, save the avoiding of everything tending to cause the symptoms.

The symptoms continued slowly but steadily to increase. The breathlessness finally became so great that the patient could not walk at all, even on a level, without great suffering, and the lividity of the lips was more marked and more permanent. The cough, still occasional and hard, had never been continued, so as to need medical advice. For the past five years the urine had often been dark, with a copious sediment.

Dr. Bowditch was again called about two months ago, and found the patient suffering extremely with permanent dyspnœa, and a sense of constriction and pain across the front of the chest, with other symptoms as above stated. Still there were no physical signs of cardiac disease, except that the heart, on percussion, seemed a little larger than usual. There was no irregularity, no murmur. The pulse at the wrist was good. There were trivial signs of disease at the apex of one lung, but not enough to attract much notice, and totally incapable of explaining the severe symptoms. Examination of the urine showed only urates—no albumen, no casts. The patient sank in a few days, with great pain and distress across the chest, intense dyspnœa, and extreme lividity.

At the *autopsy*, the right cavities of the heart were found much hypertrophied; the left were normal, or nearly so. The foramen ovale, an inch in diameter, was round and smooth, with a thin edge. All the valves were perfectly normal. The lungs had old tubercular disease to a small extent, in both apices. Owing to circumstances beyond control, the other organs were not specially examined, but they seemed normal.

The curious points in the case, Dr. B. thought, were these: 1st, the fact that the foramen ovale began to be permanently open at the age of 19, after dancing. The case probably was one of those in which a valvular opening existed before it became permanent, and had gradually increased during the thirty-eight years of the patient's subsequent life. Such cases are on record, though rare. 2d, the absence of all physical signs was interesting; and yet, *a priori*, there were no reasons why this lesion should cause a murmur. It does, however, at times produce an obscure souffle.

Dr. JACKSON said the case was probably valvular from birth, becoming direct in after life, with the usual consequences. He showed several dried specimens, preserved in the cabinet of the Society.

JAN. 28th.—*Death from Pyæmia following a Blow.* Dr. HODGES reported the following case, which he had an opportunity to see, and the notes of which were communicated to him by Dr. J. S. H. Fogg, of South Boston, in whose practice it occurred.

A boy, ten years old, was injured by an accidental fall on the ice, Tuesday, Dec. 25. He complained no more of pain afterwards than might be expected from an injury which would have no ill effects. He walked home, slept well all night, and went to school the next day. He returned at noon, however, complaining of severe pain in the lower part of the spine, and to the right side of the sacrum. Domestic remedies were used without avail until the 28th, when Dr. Fogg was called. He found him in great suffering, the pain being referred to the above mentioned spot, but he was able to stand, and to walk a few steps. There was nothing found externally, or on examination,

to show the seat of the injury. He obtained no relief from fomentations, leeches or opiates on that day, or the next, the 29th. On the 30th there was slight redness over the sacrum, extending and increasing on the 31st and 1st of Jan. On the 2d, he was delirious, and had paroxysms of intense pain every few minutes. A small abscess had now formed directly on the median line of the sacrum, and was opened, but he was evidently failing, and died on the morning of the 3d, without having been relieved from his pain, and after having been comatose for a few hours. He made no complaint of suffering in any other part except the seat of the injury, and had always been well before the accident.

At the autopsy, death was found to have been caused by pyæmia, deposits of pus being found in the lungs, heart, liver, and kidneys. None of the pelvic bones were found fractured, or otherwise injured.

JAN. 28th.—*Obstruction of the Vena Portæ with Encephaloid Matter.* Dr. JACKSON showed the specimen, which he had received from Dr. Anson P. Hooker, and which was taken from a patient of Dr. Moses Clarke, of East Cambridge. The examination was necessarily hasty, but the case seemed to be one of primary encephaloid disease of the liver, which, as Dr. J. remarked, is not very rare here, however it may be elsewhere. The trunk of the vena portæ, and its branches within the liver so far as they were traced, were as completely distended with encephaloid matter as if they had been injected. There was some cancerous deposit upon the under surface of the diaphragm, which adhered slightly to the liver, and there was a small mass of the same in the mesentery; no other disease being seen. The stomach, which is so often cancerous in these cases, was healthy. The kidneys were not examined, nor were the organs of the thorax.

Dr. J. thought the case a very interesting one, negatively, in connection with that of the common granulated liver, in which both the ascites that is so frequently found, and the enlarged spleen that is now and then seen, are explained by an obstruction in the portal circulation. Nothing could be more complete than the obstruction in the present case, and yet there were but about two quarts of serum in the peritonæal cavity, and the spleen was not enlarged. He remarked, however, that he had several times seen the vena cava quite as completely obstructed, and without causing œdema.

The patient, in the above case, was a man, 76 years old, who had been sick for several months, and confined to his bed for two or three weeks; his chief complaint being of flatulence and of severe pain in the region of the liver, the hard and defined edge of which was felt towards the left side for some time before death. His complexion was naturally pale and sallow.

JAN. 28th.—*Aneurism of some Vessel about the Root of the Mesentery.* Dr. JACKSON showed the specimen, which was taken from a patient of Dr. H. G. Clark, a delicate boy, only 14 years of age, and subject to chorea. Six weeks before death, he complained of the calf of his left leg, which was swollen, tender and painful, but white; this, with feverish symptoms, subsided in a few days, and did not return. The pain then attacked him in the left side of the abdomen, not constant but sometimes violent, with prostration, clay-colored discharges, and dark urine. These symptoms, excepting the pain, yielded during the second week, the urine became clear and abundant, and he lingered in this way for three or four weeks, when he was suddenly seized, three

days before death, with convulsions, precisely like the epileptiform convulsions of a puerperal patient, and in one of these he died. The urine was examined several times, but no albumen was found until after the convulsions, and then only during their occurrence; there being no albumen in the urine when the convulsions ceased.

The aneurismal sac was quite defined, and about as large as the top of the thumb; parietes rather brittle, but quite smooth on the inner surface. A vessel, about the size of the superior mesenteric artery, entered it, but none could be found going from it, though a vessel of considerable size, that seemed to have been obliterated, was found very near to the sac. In connection with this fact, Dr. J. said that he had remarked, as others had, that the artery is liable to be obliterated when it arises from the sac, in cases of aneurism of the coeliac or superior mesenteric artery. What particular artery was affected in the present case could not be ascertained, but it was rather supposed to be the superior mesenteric; the aneurism being situated probably from one to two inches from the aorta. The cause of death was an extensive laceration of the sac, and an effusion of blood into the mesentery and neighboring cellular tissue, to such a degree that the parts, which were shown, looked like a great thick mass of coagulated blood. Nothing unusual was observed in the kidneys, and the head was not examined.

JAN. 28th.—*Calculus from the Bladder of a Turtle (Emys Floridana)*. Sent to the society by Prof. JEFFRIES WYMAN, of Cambridge, with the following report of the case:—

"This specimen was given to me by Dr. A. S. Baldwin, of Jacksonville, East Florida. It is of a nearly spherical shape, somewhat tuberculated on the surface, and about 2 1-8 inches in diameter. In attempting to make a section through it with a fine saw, it broke, and was then shown to consist of an external shell, containing a crumbling mass, with traces of concentric arrangement. When first opened it was somewhat moist within, but soon became dry and friable. There were also embedded in it masses of what appeared to be inspissated mucus. The weight of the tortoise would have been about 15 lbs.

"The following is the result of the chemical examination made by Prof. Charles W. Eliot, of Cambridge.

"Before the blow-pipe, the portions from different parts of the calculus blacken, and evolve the usual odor of charred animal matter. They contain varying proportions of organic matter, but are alike in all other respects. Under the blow-pipe, an infusible, strongly alkaline, white ash is left. This is insoluble in water, dissolves with effervescence in cold dilute acetic acid, leaving a few shreds and flakes of organic matter. It dissolves readily in strong nitric acid, and on evaporation has a yellow color which is deepened by ammonia. No precipitate by ammonia from a solution in chlorohydric acid. These reactions indicate that the calculus consists of *carbonate of lime*, mixed with more or less organic matter."

Prof. W. remarked upon the specimen as an interesting one, for its composition and for its origin.

JAN. 28th.—*Ovum blighted; no Trace of Embryo*. Dr. HOOKER showed the specimen. On the 24th of January the miscarriage took place, having been threatening for the last fortnight, from the shock of a fall. The last menstrual period ceased on the 22d of October. The ovum is only about two inches in diameter, perfectly fresh, and

the membranes seem quite healthy; but no trace of an embryo, nor even of an umbilical cord is to be seen. Dr. Jackson had opened and examined it under water, and was sure that nothing had escaped.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 28, 1861.

MALPRACTICE SUIT—JUDGE'S CHARGE TO THE JURY.—We copy, below, from the *Elmira* (N. Y.) *Daily Press* of Feb. 10th, an interesting charge of the judge in a recent suit for alleged malpractice. We think, if he had been a surgeon, he might have made still another point in favor of the defendants, namely, that even with a stiff knee the patient's condition after the operation was no worse, if not decidedly better, than before. The whole tone of the charge is sensible and properly appreciative of the true responsibility of surgeons in such cases.

This action was brought by Daniel S. Hamilton against Drs. Squire, Wey and Smith, for damages alleged to have been sustained by the plaintiff in consequence of a surgical operation performed upon his knee by the defendants. The operation consisted in the removal of a loose or floating cartilage from the knee-joint, by means of what is known among surgical writers as the *valcular mode of incision*. Inflammation of the joint ensued, its disorganization followed, and the ultimate result was a stiff knee; the limb being slightly flexed and bowed laterally, in consequence of destruction of the articular cartilages, and the expanded extremities of the bones entering into the composition of the joint, on its inner side. Damage was claimed to the amount of \$5,000. After a protracted trial, the case was submitted to the jury, in the following charge by Judge Campbell. The jury failed to agree, standing one for plaintiff and eleven for the defendants.

GENTLEMEN OF THE JURY.—Every person who enters a learned profession, whether the law or surgery, undertakes to bring to it the exercise of a reasonable, fair and competent degree of skill.

Invariable success does not attend professional men, any more than those engaged in other pursuits. Indeed, success must with them sometimes depend on other instrumentalities than mere skill. Courts and juries are fallible and may err, and the best advice and labor of counsel in the law may be in vain; and habits of life unknown, and hereditary diseases, and neglect of directions, and carelessness of nurses, may defeat the labors of the most skilful surgeon. Both the lawyer and surgeon, when they undertake professional business, agree to be responsible for the want of ordinary care—such care as ordinarily prudent men bestow upon their business. This is the responsibility which the law imposes upon them. But it is said the professional man is also bound to use his best judgment, and that judgment should be an enlightened one. This is true; but in cases where there is great difference of opinion among the most skilful and experienced as to surgery, where the most eminent men in the profession differ as to the methods of performing operations, the surgeon who possesses the necessary qualifications will not be held responsible for errors of judgment. He will be chargeable with error only when such error arises from want of reasonable, ordinary skill and diligence, especially if the general character of the operation and treatment has been honest and intelligent.

Making an application of these general principles:—

- 1st. Was this a proper operation under the circumstances of the case?
- 2d. Was it proper without the bandage or compression?*

* Dr. March, Dr. Markoe and Dr. French, the three surgeons who have operated for the removal of loose cartilages, all unite in saying that the operation is warranted without resort to the bandage.

3d. Was the valvular method a proper one?

4th. Was the place where the cartilage was taken out a proper one?

5th. Was the after-treatment proper?

To all these questions some of the most eminent surgeons in the State, and I may say among the most eminent in the United States, have given you an affirmative answer. Others, on the part of the plaintiff, who may be equally intelligent, but who have not had equal experience, answer in the negative. Now in such a case, where there is such difference of opinion, and certainly with the experienced men in the defendant's favor, they should not be held liable for an error of judgment, even if you should be of the opinion that they did err.

The operation being thus, for the purposes of this suit, warrantable, and the method, place and treatment proper, was the operation performed, and the after-treatment continued, with reasonable skill and care—such skill and care as would be required at the hands of prudent, competent surgeons.

Now, the contract of a surgeon is not to warrant a cure, except such contract be expressly made. He contracts to exercise his best skill, care and attention. In this particular operation, it appears by the evidence of that eminent surgeon, Dr. March, that he had been uniformly successful. But taking the results of operations by other surgeons, so far as reported, one fourth are *not* successful. It would not do, therefore, to hold up the responsibility of every surgeon in the land equal with that of one of the most eminent.

As to the manner in which the operation was performed, you have the evidence of the defendants, together with that of Mr. Birchfield. If the delay in the operation was caused by the plaintiff, and therefore the time was protracted, the plaintiff cannot recover for any injury caused by such acts of his own.

As to the care and attention after the operation, as I understand, no complaint was made; but, on the contrary, the care and attention were constant, and such as might be expected of a kind and careful surgeon.

I have already observed that, from the evidence, it appears that one fourth of such operations are not successful. The want of success is not necessarily want of skill.

Three fourths of the cases are successful; and if the plaintiff had been among the successful number, if his limb had been entirely restored, he might, like the lame man healed by the Apostle, have "ran and leaped with joy." That it was not successful, is undoubtedly a great misfortune to him. Whether it was the fault of the defendants, is for you to say by your verdict.

You must take this case, and determine it according to the evidence under your oaths.

In the case of Dr. Smith, it is claimed that he had nothing to do with the operation; that he was merely a looker-on, invited by Dr. Squire, as a simple act of courtesy; and that in point of fact he was not present until the operation was nearly completed, and when the chloroform was sent for. If you believe the evidence of the defendants on this point, of course you should render a verdict in his favor.

Then, if you find that this operation was not performed by Dr. Squire and Dr. Wey with ordinary skill, care and diligence, you should find a verdict for the plaintiff.

On the other hand, if you find that they did perform the operation with ordinary skill and care, and such as would be required of surgeons holding a responsible position in their profession, then your verdict should be in favor of the defendants.

ISOLATION OF PERSONS INFECTED WITH SMALLPOX.—At the regular monthly meeting of the Suffolk District Medical Society, held on Saturday evening, Feb. 23d, the subject of legislative action in regard to smallpox and vaccination, was introduced by Dr. JOHN WARE. After stating in general terms the progress that had been made by the Sanitary Association of Boston, in their investigations of the late epidemic of smallpox in this city, he said that the committee of that Association had recommended that some measures be taken to prevent

free intercourse between smallpox patients and the community at large, and to compel a more complete vaccination.

On motion, a committee of three, consisting of Drs. LYMAN, BETHUNE and HODGES, was appointed to confer with Dr. Ware, and to draft resolutions expressing the opinion of the Society on these subjects.

After an interesting discussion, in which the necessity of isolation of those sick with smallpox, until complete convalescence had taken place, and the early vaccination of children and unvaccinated strangers and immigrants, was clearly shown—the following resolutions were adopted with hardly a dissenting voice:—

Resolved, That in the opinion of the Suffolk District Medical Society, the history of the late epidemic of smallpox in Boston, and also the history of the disease for the last fifty years, show satisfactorily that the means for its prevention, as now in force, are insufficient for the purpose.

Resolved, That the present measures for enforcing the general practice of vaccination and re-vaccination in the city, and more especially in the interior of the State, do not seem to have been fully adequate for the purpose.

Resolved, That the repeal of the provisions in the Statutes by which patients with smallpox and varioloid were restricted from communication with others, has tended to increase the extension of the disease; and that the Society are of opinion that isolation of persons infected with smallpox would, under humane and wise provisions, promote public health and diminish mortality.

MASSACHUSETTS MEDICAL COLLEGE.—The Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 6th. The exercises will commence at 11 o'clock, A.M., with a prayer by Professor Peabody, after which graduates will read selections from their dissertations. The degrees will then be conferred by the President, and the whole will conclude with an address by Prof. George C. Shattuck.

The Corporation and Board of Overseers of the University will be present on the occasion, and the Fellows of the Massachusetts Medical Society, all medical students, and all persons who may be interested in medical science, are hereby respectfully invited to be present.

D. HUMPHREYS STORER, M.D.,
Dean of the Medical Faculty.

Wednesday, Feb. 27, 1861.

PREVAILING DISEASES IN DAVENPORT, IOWA.—During the month of January, a genus *morborem inflammatorius* was prevalent, mostly manifesting itself in the respiratory organs—as lobular pneumonia in the adults, laryngitis and bronchitis in children. Strikingly was this fact to be seen among infants who were in the habit of sleeping with adults in the same beds, in rooms heated part of the night, while during the rest of the night the thermometer was near zero. Such great changes were rendered more injurious by the bad habit that children in such a situation generally have, viz., creeping under the bed covering. In consequence thereof, children with solid fibre were attacked with inflammation of the respiratory organs; those with relaxed fibre, with croup diphtheritic. In adults the affections yielded kindly to digitalis, antimony and nitrum. In children, hot baths, emetics and continued use of cuprum in such inflammations, with and without false membranes, answered only partially in aiding nature to subdue the inflammation and in freeing the air-passages, as the autopsy and the preparations on hand clearly demonstrate to the contrary. Nor was the generous, supporting treatment in the diphtheritic cases always successful, and I am inclined to believe, from the autopsies and preparations on hand, that tracheotomy might have been of benefit if instituted at a very early period, and not later, as the emphysema in the lungs indicated. One of the children, aged 4 years, was attacked twice with the same diphtheritic croup in the course of six weeks. The second attack was complicated with paralysis of the left arm and of the lower extremities, and an irregular cutaneous eruption simulating petechiæ. Wine, animal broth made after Liebig's method, with muriatic acid, and warm baths, with a solution of iron, supported by internal use of the tincture of perchloride of iron, and the washing of accessible parts only of the mouth and the fauces, with a solution of tincture of myrrhæ and the chlorate of potash, with twenty-four days' good and rational motherly nursing, helped the

little sufferer so far that she sits up now. In all of the cases of diphtheritic croup that came under my observation, I could notice on the gingivæ, mostly near the teeth, a pearlsh gray layer, even before any alarming symptoms in the respiratory organs were apparent. The above-mentioned preparations are at the disposal of any medical gentleman to use, if he is willing to pay the expenses of sending for and returning them, or in exchange for fetuses or diseased placenta. I have seen isolated cases of *varicoid*, and have heard of isolated cases of scarlatina in the community during this month. The month was to our population, what haying time is to the farming community in regard to accidents, from the nefarious amusements of the youths of coasting or sliding down the hillsides on hand sleds. To my knowledge, in this community of 10,000 inhabitants, during this month, one man was killed, one man had his leg and one boy his arm fractured, and several were left minus a number of teeth.

Davenport, Scott Co., Iowa, Feb. 4, 1861.

IGNATIUS LANGER, M.D.

AMERICAN MEDICAL ASSOCIATION.—The Fourteenth Annual Meeting of the American Medical Association will be held in Metropolitan Hall, city of Chicago, commencing on the first Tuesday in June next.

Every regularly organized Medical Society is entitled to send one delegate for every ten of its members; and each Medical College is entitled to two delegates. It is desired that the names of delegates should be forwarded to the undersigned as soon after their appointment as practicable.

H. A. JOHNSON,
Assist. Secretary.

Chicago, Feb. 1st, 1861.

Editors of Medical Journals please copy.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 23d, 1861.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	40	31	71
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	38.7	37.1	75.8
Average corrected to increased population,	84.6
Deaths of persons above 90,	1	1

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
14	0	1	2	0	0	0	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	29.760	Highest point of Thermometer,	43°
Highest point of Barometer,	30.100	Lowest point of Thermometer,	15°
Lowest point of Barometer,	29.324	General direction of Wind,	W. & SW.
Mean Temperature,	32°·9	Am't of Rain (in inches)	0.760

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 North. Longitude, 13.41 West. Height above the Sea, 555.

		BAROMETER.			THERMOMETER.			SNOW & RAIN		Mean Amount of Cloud.
		7 A.M.	2 P.M.	9 P.M.	7 A.M.	2 P.M.	9 P.M.	Time	Meas.	
Monday, Feb. 11,		28.88	29.01	29.03	Lowest	35	27	29		0 to 10.
Tuesday, " 12,		29.30	29.30	29.39	Highest	23	36	34		
Wednesday, " 13,		29.40	29.33	29.31	Point,	35	35	33		
Thursday, " 14,		28.94	28.81	28.84	Mean	31	34	33		
Friday, " 15,		28.86	28.84	29.04	Lowest	27	29	25		
Saturday, " 16,		29.05	29.05	29.11	Highest	21	24	17		
Sunday, " 17,		29.18	29.25	29.39	Point,	12	21	14		
					Mean				1.72	8.66

BOOKS RECEIVED.—Course of Lectures on the Physiology and Pathology of the Central Nervous System. By C. E. Brown-Sequard, M.D., F.R.S. Philadelphia: J. B. Lippincott & Co. Price \$2.25.—Lectures on the Diagnosis and Treatment of the Principal forms of Paralysis of the Lower Extremities. By C. E. Brown-Sequard, M.D., F.R.S. Philadelphia: J. B. Lippincott & Co. Price \$1.50.

DEATHS IN BOSTON for the week ending Saturday noon, February 23d, 71. Males, 40—Females, 31.—Accident, 1—anaemia, 1—aneurism of the aorta, 1—apoplexy, 3—disease of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 3—cancer, 4—consumption, 14—convulsions, 1—cystitis, 2—debility, 2—diphtheria, 1—dropsy of the brain, 1—dyspepsia, 1—epilepsy, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—hernia, 1—hip disease, 1—intemperance, 1—infantile disease, 1—peritonitis, 2—premature birth, 3—tubes mesenterica, 1—unknown, 5.

Under 5 years of age, 27—between 5 and 20 years, 2—between 20 and 40 years, 13—between 40 and 60 years, 11—above 60 years, 13. Born in the United States, 49—Ireland, 18—other places, 4.